MONTANA
DEPARTMENT OF JUSTICE
GAMBLING CONTROL DIVISION
AUTHORIZATION FOR EXAMINATION AND RELEASE OF INFORMATION
FOR USE IN ASSESSMENT OF
GAMBLING AND/OR LIQUOR LICENSE APPLICATION

I, _____, do hereby authorize a review, full disclosure and release of any and all records concerning me that the Montana Department of Justice properly determines relate to my qualifications for gambling and/or liquor licensure to any duly authorized officer, agent or employee of the Montana Department of Justice, Gambling Control Division, whether the records are of a public, private, or confidential nature, with the following understanding:

1. The information reviewed, disclosed, or released may be used by the State of Montana to determine whether to issue a gambling license to me in accordance with section 23-5-176, MCA, or to issue a liquor license in accordance with 16-4-402, MCA, which provides for the consideration of any of my prior financial or other activities or criminal record and any information regarding funding for the proposed operation.

2. I release the providers of the information collected pursuant to this authorization from any liability under state or federal privacy laws and further release the State of Montana, its officers, agents and employees from any liability that may be incurred as a result of the collections and lawful use of the information.

3. If this authorization is not sufficient to obtain access to certain records, it is understood that I may be requested to execute some other appropriate authorization or release and that any failure to do so may be taken into consideration by the Montana Department of Justice, Gambling Control Division, in its review of my gambling and/or liquor license application.

4. I understand that I may revoke this authorization in writing at any time and that the Montana Department of Justice, Gambling Control Division, may take any such revocation of this authorization into consideration in its review of my gambling and/or liquor license application.

5. This authorization is valid for a period not to exceed one year and may be reaffirmed as part of my gambling and/or liquor license renewal application.

6. A photocopy of this authorization has the same force and effect as the original.

7. This authorization may only be used with the specific written approval of the Gambling Control Division Administrator and the Attorney General, except for use for record checks in order to comply with Sections 16-4-401, 16-4-402, 23-5-110, and 23-5-176, MCA.

Signature of Applicant:_____Date:_____

Type or Print Name of Applicant:_____

On this _____day of _____ 20_____

Personally appeared _____

NOTARY SEAL

Before me a Notary Public for the State of _____

_____(Notary Signature)

_____ (Print Name of Notary)

My Commission Expires _____(Month, Day & Four Digit Year)